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Substitute for Form PTO-875							10/589,659			16/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL	ENTITY $\square$	OR		HER THAN
Н	FOR		UMBER FI	<del></del>	NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (ell	N/A		N/A		N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), (		N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE	Ε	N/A		N/A		N/A		ı	N/A	
	FAL CLAIMS CFR 1.16(i))	- (4)/	minus 20 =		•		x s =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =				X \$ = 1		1	X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE sheet is \$2 add	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	09/09/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 32	Minus	34	= 0	]	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	4	<b>=</b> 0	]	X \$ =		OR	X \$220=	Ō
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15(i))		Minus		-	1	X \$ =		OR	x s =	
DM	Independent (37 OFR 1 16(h))	•	Minus	***	-	]	X \$ =		OR	x s =	
Ē	Application Size Fee (37 CFR 1.16(s))					l					
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					П			OR		
TOTAL ADD'L OR ADD'L FEE FEE										ADD'L	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "2".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less th											

into collection of information is required by 3 of Left 1.16. The information is required to dorain of retain a confirming by interesting the process) an application. Confidentially is governed by 3 of St. 5.1. 22 and 37 of Intel<sup>®</sup> 1.14. This collection is estimated to better 2 intellines to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cell of Information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Ext. 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Ext. 1450, Alexandria, VA 22313-1450.